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ZENITH

Vol. 5 No. 6

DIGEST

A serious and informative periodical for the transsexual community

A nation divided leaves sorry state for transsexuals

The Ontario government no longer funds sex-change operations and there's a patchwork of policies in other provinces. Confusion reigns: Are the surgical procedures a medical necessity or a lifestyle issue?

By Mitchel Raphael
National Post

If you're a transsexual who wants a sex-change operation you'd better live in either Newfoundland, or a province west of Ontario, or plan on joining the Canadian military.

The inconsistent policies on sex-change operations and gender-reassignment procedures across Canada are enough to confuse anyone.

None of the Maritime provinces reimburses sex-change surgery, but Newfoundland does. According to Ray Blanchard, head of the Clinical Sexology Programme at the Clarke Institute in Toronto (one of three gender clinics in Canada); "Saskatchewan's, Manitoba's and Alberta's provincial health plans all reimburse doctors providing [the patients] are approved at the Clarke."

The situation in Quebec is unique. Dr. Marilyn Wilchesky, head of the Gender Programme at the Human Sexuality Unit at Montreal General Hospital, says that "on paper, the male-to-female surgery is covered. Practically speaking, there is no surgeon who will work for the fee". Female-to-male hysterectomies are covered by the province as long as the operations are done in a Quebec hospital.

While Sgt. Sylvain Durand, a transsexual in the military, will have her sex-change paid for by the Canadian armed services, the Ontario gov-

ernment recently decided it will no longer fund sex-change operations.

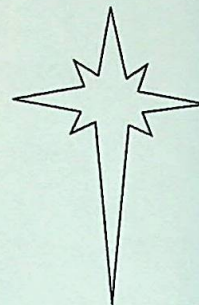
On Sept. 28, Dr. Robert Dickey, the head of Toronto's Gender Identity Clinic of the Centre for Addiction and Mental Health—Clarke Division, was sent a letter stating that "gender re-assignment surgery has been de-insured from the Schedule of Benefits effective Oct. 1, 1998." A grand-parenting provision provides for sex-change candidates who are in the middle of the programme. The September letter, which was not preceded by any warning, was the only correspondence between the Ministry of Health and the Clarke.

Prior to de-listing, the Ontario Health Insurance Plan (OHIP) paid for part of the surgery for transsexuals. For female-to-male (FTM) transsexuals this included the removal of the ovaries, a hysterectomy and the creation of a male chest contour. For a short while, phalloplasty, the creation of an artificial penis, was approved, but the results were considered unsatisfactory and it was no longer recommended by the Clarke.

For male-to-female (MTF)
continued on Page 16



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ZENITH

DIGEST

Volume 5 Number 6

November/December 1998

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MAILBAG

The following two letters relate to our p1 story.
This letter was written and sent on behalf of
Ontario Transsexuals

November 12, 1998

Hon. Elizabeth Witmer
Minister of Health
Province of Ontario
Parliament Buildings,
Toronto, ON.

Dear Hon. Minister,

Cancellation of Gender Reassignment Surgery

The Zenith Foundation is dedicated to improving the circumstances and security of people suffering from the condition of gender dysphoria.

We note with dismay that your government has cancelled GRS for Ontario residents. This can only be regarded as a retrograde step by all Canadian transsexuals because with Ontario being the largest province it is only natural that smaller provinces will consider your province to be the leader in such matters.

Our information comes from a press report which will have been based on a press release from your department. Please allow us to point out some inconsistencies.

1) Your Conservative MPPs Marcel Beaubien and Frank Sheehan talk of the gender dysphoria condition as being a "lifestyle" choice. For those who suffer from the condition it is anything but a choice. It is NOT a sexual orientation, but it is a lifetime condition which is generally agreed as having its origins in the fetal stage of life. It is a biological condition and is unalterable which belies the "lifestyle" explanation put forward by your MPPs. Everything that is now known about the condition indicates more than ever that it is probably genetic in origin.

2) The expenditure of \$122,000 for eight sex changes (an average of \$15,250 per head) is minuscule alongside the extraordinary sums of money spent on man made illnesses arising from alcohol, tobacco, and drug abuse, not to mention automobile and industrial accidents. The substance abuse cases can be legitimately described as lifestyle choices and are therefore avoidable and among their numbers can be found cabinet ministers, members of governing bodies and bureaucrats. It all adds up to a perfect case of discrimination against already highly marginalized transsexual people.

3) An official of your department is quoted as saying "We feel it is not a medically necessary operation and public dollars could be better

INSIDE OUT

Melissa Tulloch



spent elsewhere." In our experience this kind of statement is made by politicians and bureaucrats as a matter of expediency, not backed up by the facts and with barely any attempt if any to seek a proper understanding of the condition. We have found that the worst examples of ignorance invariably are to be found among the people who rule our daily lives and it is not good enough when ignorance is presented as wise decision making.

4) The wrong slant attaches to transsexuals, who from our experience only seek to normalize their lives as regular men and women in their adopted gender, gainfully employed, without seeking to impose outlandish modes of living on the rest of the population. It is what society imposes on us which makes life so difficult for many. I could note that the vast majority of our organization's post operative people are successfully going about their daily business gainfully employed as professionals, in business and as artisans or students.

We are communicating with you by way of protest on behalf of a number of our members now residing in Ontario. We strongly urge that this highly discriminatory revision to your legislation be cancelled immediately.

Yours truly

The ZENITH FOUNDATION
Stephanie Castle
Director of Public Relations.

c.c. Hon. Alan Rock, Minister of Health, Federal Government, Ottawa.

This letter accompanied letter of the same date to Health Minister Wismer of Ontario

November 12, 1998

The Hon. Allan Rock
Minister of Health
House of Commons
Ottawa, ONT.

Dear Hon. Minister,

Cancellation of Gender Reassignment Surgery Province of Ontario

The enclosed copy of a letter to Hon. Eliza-
continued on Page 6

Compassion for our fellows key to understanding and learning

I was amazed to read the other day that something like 200 agencies seek to service the needs of Vancouver's Downtown Eastside and its polyglot population of drug and alcohol abusers, dealers, prostitutes, pimps and a great many other people who in one way or another gain, live off, seek to help and generally do good things to try to arrest the everlasting slide in the standard of living, shelter and comfort of this population. A variety of health professionals, social workers and churches extend themselves in an effort to help and yet in spite of enormous output and the expenditure of vast public funds the situation seems to get worse over most sectors.

At the heart of it all we have the drug trade, which in one way and another is dragging society down to its level. It costs us all money by way of taxpayers contributions to the cost of policing, health and social services, as well as insurance losses which have to be made up by increased premiums. The drug distribution system spreads everywhere subverting our children, destroying families, killing people by overdose or through gang warfare. The overload on health and police facilities must be enormous.

I live in an area of the city regarded as good average, middle class, but there are at least two apartment buildings in the neighbourhood which act as drug distribution points for urban middle class junkies. They frequently receive police attention and every so often someone is arrested, but then it pops up somewhere else often in the same building. I doubt if there is a block in the city from the wealthiest to the poorest which at some point has not been affected by some aspect of the drug trade. As I write this, it is only yesterday that another home invasion took place not far from where I live.

What has all this got to do with the transsexual community or the overall transgendered population? Directly, possibly very little, although some transsexuals and many more transgendered have had to battle personal challenges to do with alcohol and drugs. But whether we talk of a t/s community or a t/g population we are a fractious lot who probably add to the confusion and perhaps, even the mess in society.

I doubt if there is a block in the city from the wealthiest to the poorest which at some point has not been affected by some aspect of the drug trade

Some of us find it difficult to shed the image of being an oppressed people, some of us even glory in our misery and spend unconscionable periods of time in navel gazing.

Some of us engage in battles about the meaning of words, Transsexualism v. Transgenderism is a hoary old favourite for argument, which I am not pursuing, as Zenith's position is well proclaimed underneath our banner on the front page. Wellwishers and others with a community focus and a wish for social improvement keep on seeking to lump all the disparate groups which make up the transgendered population, for a population is what it is and a community is what it isn't.

A community is a body of people living near each other and in social relationship. A population is best covered by the word "polyglot" used in the first paragraph. This word relates to people speaking several languages within a population, but it is also very apt as it relates to all the groups defined as being a part of the transgendered population. These include the several variations on crossdressers through to gender benders, diesel dykes and now the bi-gendered (the new words appear with frequency). It also includes "eonists", whatever they are, and while they all may speak one or both of our official languages that is where the similarity ends. The "language" of each group is personified by their individual

Zenith's role is to help heal family schisms, assist in workplace situations, education, job ideas, business development and to help the transsexual return to an accepting society

wish list of aspirations, sought after changes, and what they consider to be positives or negatives in relation to their position in society, within the medical community, in regard to a series of pet hates, perceived injustices and oppressions -- imagined or otherwise. The list goes on and on.

Then when some "genius" (I do not use this word sarcastically or disparagingly, but anyone who can bring a diverse population of this sort together successfully must be a genius) seeks to unify all these disparate groups, there seems little wonder that the end result may become a spectacle of platitudes, resolutions and points of view that may, if we are lucky, be in harmony for a very short while at most. We then send all this stuff off to parliamentary committees and a variety of civil servants who in most instances could care less. Either that or, in the alternative, we start raising hell with placards, slogans and chants followed by strong letters to politicians stating that "we will not permit, or allow them" to do this or that which cuts across our interests. Give us a break. This hot gas goes nowhere. It

evaporates as quickly as it is emitted.

Zenith's role, in my view, and I think it is shared by a great many in our organization, is to work towards helping heal family schisms, assist in workplace situations, education, job ideas, business development and a host of things that help the trans-

sexual return to an accepting society as a normal member of that society. To achieve these sort of goals we need respect which has to be earned and, we need understanding which has to be learned. We also have to be prepared to show compassion and understanding to others and in so doing we earn some of that back.

Editorial

by Stephanie Castle



from Page 4

beth Witmer, your provincial counterpart for the Province of Ontario is self-explanatory.

We perhaps have the wrong impression of the Federal Health Act. We thought it applied to all Canadians on an even-handed basis following the twin principles of equality and non-discrimination. On the basis of the behaviour of Ontario Health we are evidently quite wrong. It seems that in a high-handed manner, not supported by a factual appraisal of the condition of gender dysphoria or transsexualism, they have simply struck us off on the basis of erroneous beliefs and judgements.

The last province to do this was British Columbia in or about 1986, when Mr. Van der Zalm was in power. Legal opinion roughly one year later advised the B.C. government that the act of striking off this coverage was illegal and it was reinstated. However, in a cynical act of non-disclosure it took a change of government to finally admit in 1993 that in fact the coverage had been available all along from the date of rendering the legal opinion in 1987. The Ministry of Health for B.C. was then forced by its own act to pay retroactive compensation.

A central point of this letter to you and the accompanying letter to Ontario is, that it is high time that a proper understanding of the condition of gender dysphoria/transsexualism be attained from reliable informed sources and a policy adopted across the board which reflects equality, non-discrimination and common humanity in dealing with this condition. Transsexual people are sick to death of constant political and bureaucratic tinkering and we ask you to give a positive and supportive lead in this matter.

Yours truly,
The ZENITH FOUNDATION
Stephanie Castle
Director of Public Relations

Dear Editor,

Congratulations on the latest (Sept/Oct) edition of the DIGEST. Lots of interesting reading and a noticeable improvement in the graphics.

NORTH AMERICA'S

#1 Environmental Health
Concern is now the income
opportunity of the 90's.

24hr. rec.
message
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or
Michelle Johnson
604-274-8968



Member Robyn Weaire, recently visited the Meltzer Clinic at Portland for surgery. She reports that she formed a strong bond with Dr. Meltzer's, Fran Kern. Fran gave her the big teddy bear shown being disembarked at Vancouver airport. In gratitude Robyn wrote and dedicated the following poem to Fran.

SISTERHOOD OF THE SPIRIT

How fine the bond 'twixt you and me,
Felt at our meeting instantly
And, though our time together be
so fleeting, yet I spent it happily.

Upon reflection then I saw
A ring of sisters, all the same,
That I had never seen before,
All holding hands, as in a game.

And there were more, I realized,
Extending through the mists of time,
Their bonds, I was not surprised,
were strong, unbroken and sublime.

Then, like the coils of DNA, I see
I see the fundamental joining links displayed,
Of faith, love, hope and charity,
And those strong bonds will never fade.

I stand a novice in that sisterhood,
And weep with joy that such as me,
Has joined that circle pure and good,
A truly beauteous company.

Robyn Weaire, August 1998

The coverage of the AGM was especially meaningful to me as it is the first time I have been able to attend. Socializing with other Zenith members made me realize that we are decent folks who struggle with a common problem. It was especially nice to meet people I had only read about before. I felt there was a lot of compassion going around in that room and that, for a change, I was with people who really understood. It was amusing to see some members of the wedding party next door trying to figure out what the "tall women's club" was all about.

As an organization, Zenith really is a friendly island where transgendered people can find shelter amid rough seas of ignorance, intolerance and bigotry.

Kudos also to Danielle Sherstobitoff for her work on the much improved Zenith web page. If you want to expend the time, you can download clear, complete copies of the magazine into your computer, (A fast modem helps). The Zenith brochure, as well as other informative articles are available online. Now if Zenith just had its own email address.....

Incidentally I made a mistake in my piece. I am (thank God) a mere five feet, eleven inches, not six, eleven.

Regards
Joanne Angus,
Okanagan Falls, B.C.

Editor's note - We should have spotted that error too. For an E-mail address see the masthead on page 3.

Zenith Digest welcomes your comments and opinions. Please send them to Mailbag, Zenith Digest, P.O. Box 46, 8415 Granville St., Vancouver, BC V6P 4Z9, or E-mail them to us at Tamara_Sale@bc.sympatico.ca. We reserve the right to edit submissions for content or space. Unsigned letters will not be published.

A slice of life is often a harsh reality

A few years ago, an acquaintance asked me if I would be interested in speaking to her night school psychology class as part of her term project. In the interests of both her marks and putting a human face on transsexuality for the benefit of her classmates, I agreed. When I arrived on the appointed night, I was surprised to be introduced to a pre-op TS with whom I was to share the stage. She was a tall native girl, profane and full of self-righteous attitude, and I had never met anyone like her. She was completely open about her "work" providing oral sex to men who cruised the industrial area around Clark and Hastings, and I was so overcome by her presence that when the presentation started I happily ceded first speaker's rights to her.

The details of the life history she recounted have since faded in my mind, but the impact at the time has not. Here was someone who had lived through a childhood hell of poverty, abuse, and betrayal, whose sense of gender identity was a secondary concern to mere survival. When old enough, she turned to the only trade she saw

East side, West side, never the twain shall meet

available. She claimed, however, that a secret sponsor had recently promised to pay the thousands she was yet short for her surgery, and that she would soon be leaving for Montreal.

When she finished, it was my turn. I began with the sentiment that "there, but for the grace of God go I" because I had grown up on the west side of Vancouver, went to good schools, and graduated university. I'd paid my own way to my degree, mind you, and suffered a lot of abuse in a very sick family, but not for a moment did I ever have to consider life as a prostitute, thief, or dealer to get by. I told my history to the class, but didn't honestly believe God's grace had much to do with it. If my scholastic efforts hadn't lead me to a lucrative career, at least I had found honest work.

Our joint effort was enthusiastically applauded, and when the questions and refreshments were over, I was asked for a favour. Could I drop my co-presenter off at work? The idea sent

a shudder through me, but in the evening's atmosphere of warmth and understanding, I felt I could hardly refuse without looking pretty bad. It wasn't far, and after a few minutes' drive I abandoned her to whatever the dark streets held for her that night. I felt somehow complicit in both the small crimes she would commit and - much worse - any that might befall her. I drove away, knowing I could never live like that.

Not surprisingly, I never saw her again. I tried to take away something from that evening; a better understanding of people in her situation, perhaps, or a clearer sense of just how fortunate I had been in life, but it was hard to reach across the gulf that separated us. I know I could never do what she did for a living, and that's the simple truth. I don't feel I am the better person because of it, and, in fact, feel a little bad that I can't make the leap of comprehension and empathy that would have made a nice ending to this piece. I would like to think she made it to Montreal and now enjoys a good job and a clean apartment, but I don't hold out a lot of hope.



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Organization seeks to help children of transsexuals

A new organization has come into being whose primary aim is to help the families of transsexual/transgendered whose lives have been affected by the revelation that a parent has taken steps to effect a gender change. The organization recognizes that this can affect either party in a parental team and that the children in some cases can be influenced adversely with consequences for their education, spiritual, familial and social wellbeing.

Formed by a mother with hands-on experi-

ence of a family breakup involving this cause, she hastens to add that she does not blame the issue of transsexualism in the spouse alone. She also acknowledges she has come a long way in her understanding of the subject since it first burst in on the life of her family and herself.

The new organization is RAFT an acronym for "Resolution and Advocacy for Families of the Transgendered". The organizer is Julie Myatt at (604) 945-0780. The address of RAFT is c/o 2606 Kingsway Ave. Port

Coquitlam, B.C. V3C 1T6.

"Given Zenith's interest in family issues, we support this kind of initiative," says Stephanie Castle, Director of Public Relations. "We have put together a series of useful pamphlets, of which *Remember the Children*, is the most pertinent to the needs of RAFT. Our parents group is evidence that organized efforts to help families can pay off, but we recognize that parents have perhaps different priorities to estranged spouses and children.

HIGH RISK PROJECT SOCIETY

449 East Hastings Street

Vancouver, BC V6A 1P5

Back Alley Entrance

High Risk Project Society is dedicated to improving the quality of life of transgendered street-engaged people, with a special focus on HIV/AIDS issues. High Risk Project seeks to empower individuals through peer support and the provision of services to meet primary needs. We will advocate on behalf of the community to affect public and private policy, ensuring adequate access to health care, speaking on behalf of the most disadvantaged, promoting public awareness by education, sensitivity training and publishing, that the transgendered, both individually and collectively, may assume their rightful place as respected members of society.

Services

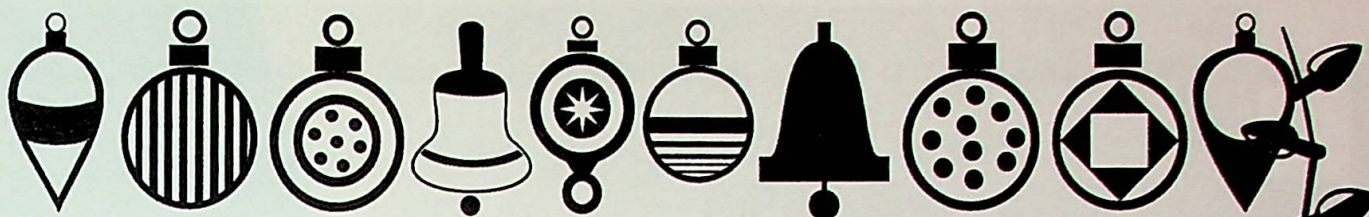
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A Zenith Greeting at Christmas from the President

On the 12th of December, Zenith hosted a very successful annual Christmas dinner, with approximately 35 people attending. It was so nice to see some new faces and also a few people who I had not seen for awhile. I still find it amazing how much people change even over just a few months. It was also good to see family members and partners in attendance. It means so much for those of us having to deal with this condition to have family support.

I would like to give special thanks to Terri Doerkson and her accompanist Chantel for a lovely concert. Although I was aware that Terri is talented, experiencing her playing was something else! I would also like to thank Gayle Roberts and Stephanie Downes for the succulent turkeys that they prepared, and all those who contributed their talents to provide the various items

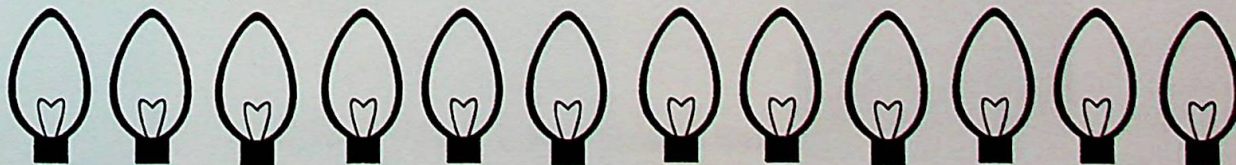
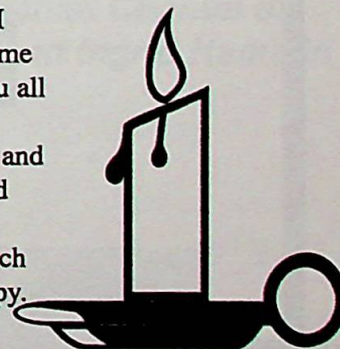
that made up the menu. We definitely have some good cooks in our midst. Many thanks also go to Pat Diewold and Dick Doerkson for their outstanding efforts in getting everything organized and also

during cleanup. Thanks to all of you who contributed in your various ways.

This is the time of year which is much associated with family relationships. Unfortunately for those of us who are having to come to terms with our gender identity, this holiday season can be a difficult and lonely one if you let it. Family members range in their tolerance of our situations and can be rather demanding in their expectations, or to the extreme we can find ourselves shut out entirely. In such cases, it maybe is time for you to forge new friendships or build existing ones further. I am confident that there are others out there who are in the same predicament as you and would welcome your friendship and company during the holiday season.

In conclusion, I would at this time like to wish you all an enjoyable holiday season and good health and happiness. Remember, reach out and be happy.

Sarah





A Christmas Event





Enith's annual Christmas party took a different twist this year with member Teri Doerksen on violin giving a live performance with accompanist Chantel on piano. Listening attentively are Fiona Parker, top and Jamie and Ingrid Hamelin.



Photos by Photo Editor Tamara Sale

WE HEAR FROM AN OLD FRIEND

*Wendy and Angela announce
An idea whose time has come*

*Following six years of friendship
A landmark decision has been
made*

*Based on mutual admiration, trust,
and most of all love,
Wendi Lynn Kaiser and
Dawn Angela Wensley
Legally merged their forces,
on Monday,
Sept. 21, 1998 as
they were joined
in marriage at sea.*



Zenith Foundation Services

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All groups meet twice monthly.
For information contact the group leader.
Open only to members of the Zenith Foundation or their
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PARENTS GROUP - VANCOUVER and vicinity
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- 6 The Children of Transsexuals & Gender Dysphoria
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- 7 Writers Guidelines for the ZENITH DIGEST

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How the Digest comes together

Starting with the last issue of the Digest, we eliminated paper masters from laser printer and went direct-to-digital output. The result is a significant improvement in text and photo clarity. Amazingly, this process adds a mere \$10 to the entire issue production cost.

We thought you might like to know how the Digest is put together.

It starts with a publication committee meeting prior to each edition where story ideas are discussed and the ad lineup is reviewed. Art in the form of photos, cartoon and illustrations for the edition are also discussed.

From there editor Stephanie Castle researches and writes original stories and processes contributors' submissions.

Tamara Sale takes all original text submissions, including hard copy for OCR conversion, for formatting to WordPerfect 5.1 (PC) format on a Mac. Photos are scanned on a Mac at this stage. Once all files are gathered, they are passed over to Dianne O'Brien. Dianne then goes through copy, art and ads and begins by making up an ad dummy. Next a story lineup is reviewed with considerations for strong art in the front section of the magazine and a Page 1 story is selected. At this stage the pages are laid out wrapping editorial matter around ads. This is done on a PC in Pagemaker. Once completed, proofs are pulled and read by Tamara and Stephanie, corrections or changes are made and then it's back to Tamara where standing heads and ads are stripped into the pages and laser proofs are pulled. With final approval from Stephanie, the Digest as a Pagemaker document is converted to a 20 Meg. Postscript file on a Mac for transporting to the service bureau for printing, colating and stitching.

To improve efficiency we are adding Soft Windows 95 to the Power Mac, thereby publishing the Digest start to finish on one platform.

Equipment

Macintosh G3 Power Mac (128 Meg. Ram, 4 Gig. hard drive), IBM P133 PC (16 Meg. Ram, 700 Meg. Hard Drive), ViewSonic 17PS Monitor (Mac), Magnavox Professional 14in Monitor (Mac), NEC 15in Monitor (PC), Lacie SilverScanner (Mac), Syquest 88 Meg. removeable Hard Drive (Mac), Q M S , P S 815MR 600 dpi Laserprinter (Mac), Hewlett Packard Inkjet Printer (PC)

Software

Pagemaker 5.0 (Mac & PC), Omnipage Professional (Mac), Photoshop 4.01 (Mac), Wordperfect 5.1 (Mac & PC).

Final printing is on a Xerox Docutech printer (Copytime Printing Co.)

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Funds allocated to produce paper on future challenges to Charter

The Federal Courts Challenges program has granted the Transgendered Working Group \$12,500 to stage a one-day working conference and produce a discussion document.

The primary initiator of funding proposal was lawyer Barbara Findlay, who, in turn, asked me to review the proposal and forward it to Courts Challenges for consideration.

The Transgendered Working Group is an ad hoc committee first struck to assist Mary Woo Sims, B.C. Human Rights Commissioner, in getting the transgendered community out to public hearings last year. Today, the committee has been broadened to include individuals other than just transsexuals.

For me, this broader representation is critical to the collective transgendered identity/struggle. When dominated by transsexuals, the issues remain far too limited. The TS component of the transgendered community as a whole represent only 1%, therefore it is essential that non-transsexuals be sought and encouraged to take an active role.

Our committee is progressing well. Although we haven't quite firmed up all the details, we are looking to staging the event at the end of February. We are also attempting to bring Leslie Feinberg, author of *Transgender Warrior*, to Vancouver as keynote speaker. The conference format will be divided into two sessions, morning and afternoon, each consisting of a number of discussion groups. The information gathered during these discussions will be used to produce the discussion paper. The paper in turn will be the foundation for future federal Charter challenges.

Our goal is to draw a broad cross section of participants from throughout the transgendered community, as well as trans-allies and representatives from progressive law firms, union organizations, social and support agencies. To help facilitate this outreach, we have funds available to help offset some of the travel costs for those outside the Lower Mainland.

If you'd like to learn more about the conference, please give me a call (875-8262).

Who would have thought the Ministry of Human Resources would be ordered to pay for cricothyroid surgery (tracheal shave) but it's true. You may have heard about the success many GAIN recipients have had in securing funding for electrolysis, well now it seems a new opportunity awaits those who require a tracheal shave.

It is important to keep in mind that each individual must make a case for the surgery and that just because one such case has been upheld

by the B.C. Benefits Appeal Board it doesn't set a precedent.

Key to winning such a case, whether it be for electrolysis funding or tracheal shave funding, is providing the tribunal hearing with supporting documentation and letters from recognized specialists. Also, is it critical to gain the services of a knowledgeable advocate. This particular case was presented by Leslie Campbell of the First United Church Mission on Hastings Street, Vancouver.

I was speaking to a third party about Leslie and the work she is doing, and they said Leslie remembers me from seven years ago, when she first met me. I had come to Vancouver to begin my transition assuming I could find a job and get by. Within four months I was to discover that securing a job in my new gender role would not be easy and that further, the SRS money I had saved was being slowly used up in order to cover my basic living expenses. Get this, I was too proud to consider applying for GAIN simply because I felt it was not an option for a middle class worker and besides, I had all this money (\$7,000) that made me ineligible for GAIN.

Somewhere along the line, someone suggested I meet an advocate and discuss the fact that I was using my SRS savings to live. It was at this time I met with Leslie. She was great. She thought we might be able to make a case whereby I could keep my SRS savings and apply for GAIN. She was great, but I was new to the system and reluctant to fight for welfare. It just didn't feel right. I was better than that. I, I, I...

I ended up not taking Leslie's advice. I ended up spending all my savings because I couldn't find a job. I ended up on welfare. In fact, over the preceding three years I would move from one short term employment contract (\$7.50 an hour) to being on GAIN, to another short term employment contract (\$9.00 an hour) to being on GAIN - in all, I would be on GAIN three times. Fortunately for me, the first experience on GAIN lasted only a month, the second time was for two months, and the third time was for three months. Can you see the pattern?

Ironically, the third employment contract

tater tips

by Christine Burnham



(\$10.50 an hour) allowed me to earn enough money that I could once again save for my SRS. Whether coincidental or not, following my SRS I have been gainfully employed and firmly situated back among the middle class workers (\$32.00 an hour). Can you see the pattern?

The moral of my story: If you need something ask for it. If you cannot bring yourself to voluntarily place yourself on GAIN in order to get what you need, think twice and ask an advocate to help you evaluate the risks and benefits.

I was asked to give a presentation on transgenderism to two Grade 11 classes (thanks, Gail). I have done a number of such presentations over the last few years, but I have never presented to such a young audience. The two classes were studying issues such as diversity, prejudice, tolerance and acceptance.

Both classes were great. They had viewed a video on transgenderism earlier in the month and wrote papers on what they had learned and how their prejudices might have been affected. Having me, a real live person, as a follow-up presenter allowed them to have many of their curiosities addressed.

I'm pleased to say that I have been asked back to make another presentation in the spring to two more classes. Such opportunities, speaking to young people, allows me to not only share my perspective but it also sanctioned the access denied my children and their fellow schoolmates. Had someone been invited to talk about transgenderism seven years ago at my children's school maybe they would have found a more accepting learning environment, one in which they could have felt safe knowing the father was not just "a freak who abandoned them".

Who would have thought that one day we would learn that the Gender Clinic was cancelling its annual Christmas party? Well, it's happened. I'm still in a state of shock, although I suppose I'll get over it.

It appears the clinicians think the Clinic population is far too large and diversified, and that what was once meant to be a causal get to

continued on Page 15

No life like it, unless you have new CO, ailing back and condition called TSism

By Petra Cummings

As many of you will recall, I am in the Canadian Armed Forces and a transsexual. I have been sending updates on events that have been unfolding for about two years now. This is a further update on my situation.

Things have quickly changed for me. The Department of National Defence announced it would help pay for gender reassignment surgery and things were looking up. I was facing some problems at the unit level, but few elsewhere. At one point I had become very depressed over them and could not see an end in sight.

My trade (job) is filled with macho types who fear any change from the norm. I seem to have overcome some of that and I have a few friends still within my unit who accept this and remain supportive. But others are not and there is not much one can do to change prejudice and ignorance. The friends I do have I value very much. They always want to learn more and I try to help as much as I can.

The command structure within my unit as a whole has been very good towards me. Certain

individuals have not been. The new Commanding Officer felt it within his power to recommend denying me a compassionate posting to Montreal and because of him I did not receive it. Had he looked beyond his own bias and done what a real leader would have done, he would have researched more info on the subject but he did not. I didn't even consult the base doctor I've been dealing with.

Well, the military now has its wish. I will be released from the forces sometime in November. Back in January I hurt my back badly during the Ice Storm 98 operations and have not recovered. I have a bone chip between two vertebrae and they refuse to operate for fear of doing more damage or worse. Because of that I am now in what is called a permanent medical category. Since I am no longer *deployable*, I am no longer *employable*, thanks to the new universality of service, which means all trades must meet a certain level of fitness no matter what they do. Only three years ago I could have changed trades, But now I can't, not even to an administrative clerk.

So, what happens next? Well. I'm in the release process right now, and it's long. Once I am out of the forces I will be on long term disability until I can retrain in another field. The forces are responsible for my health care for up to two years after my back problem. They could also pay to have me take courses to retrain. I will be fighting with Veteran Affairs for a medical pension, that is guaranteed. The DVA does not like to pay people the money they deserve. They think it is theirs and theirs alone and if they give a veteran a monthly pension it's a big favour.

I will be leaving Kingston and more than likely will move to the Ottawa-Hull region. The province of Ontario has now cut the funding for GRS, so I would have to take my chances with the Quebec system. The main problem with that is you have to go to a relatively inexperienced surgeon. I'm surprised they do not send patients to Dr. Menard.

My time in the Canadian Armed Services had lasted close to 13 years. It is still hard to believe it has been so long. There are many fine memories, but as with any job, there are some bad ones too. I still believe that the majority of people within its ranks are generally good, but again, there are good and bad everywhere. It is sad to be leaving my friends and the camaraderie which is what I will miss the most.

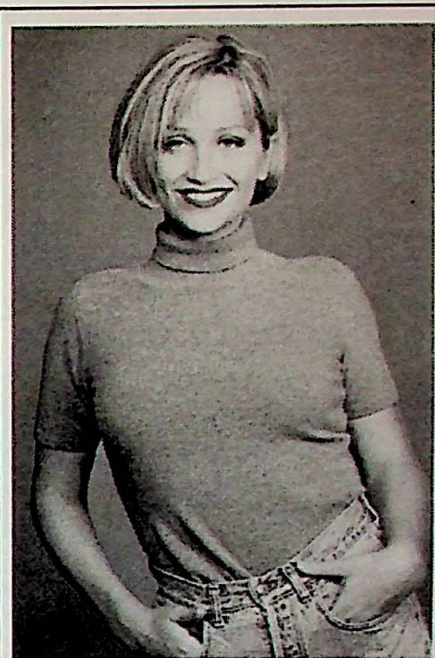
from Page 14

gether for those patients who attended the drop-in on a regular basis (the drop-in was axed some time ago), had turned into a major production. Plus, there is this distancing thing that some clinicians want to retain, they feel more comfortable in their role as health provider and a bit discombobulated when it comes to partying with the patients.

The Christmas party has taken place every year for the past six years. It has been a potluck. It has been a chance to see old friends and to meet new ones. It has been an opportunity to sit on Santa's knee (and ask for something special) and have your photograph taken (I have six such photos, each one very different from the other and special beyond all expectations). It is a homecoming for everyone and a big deal to those whose annual visit represents reconnecting with their transitional womb givers.

Sure, there may be other parties put on by other groups and organizations, but the Clinic's Christmas party was special and the void will be hard to fill. Humbug!

Christine is a professional electrologist and an employment and human rights issues advocate for gender dysphoric individuals.



Model: Mardi Pieronek

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from Page 1

transsexuals, OHIP covered the construction of a vagina, but did not pay for hormones, electrolysis laser hair removal or breasts. (British Columbia, which covers sex-change operations, also pays for breast implants if hormones do not yield sufficient results). In recent years Ontario candidates for MTF surgery have been sent to England. (Travel expenses have been paid by the patient.) In the past, some were sent to the United States.

The Clarke's Blanchard says that the average MTF surgery costs \$22,000 and FTM costs \$12,000. The most recent figure for the total annual cost incurred by the Ontario health system was \$120,000.

According to Jeremy Adams, communications assistant to the Ontario minister of health, the reason sex-change operations were de-listed was because "it was not a priority area of health resources at this time and these funds should be redirected elsewhere." Tim Hudak, parliamentary assistant to the minister of health, and Tory MPP for Niagara South, admits some members of the Tory caucus see sexchange operations as a "lifestyle choice," but stresses that was not a factor in the delisting. Hudak says this is part of a larger ongoing process of reprioritizing healthcare dollars. The money, Hudak says, will be used for cardiac care which is a priority for his government.

Dr. Diane Watson, a clinical professor of psychiatry at the University of British Columbia, who works in the gender identity clinic at Vancouver General Hospital, says that the Ontario ruling "appears to be a political decision and it reflects the fact that gender disorders are so badly misunderstood."

Watson calls cardiac illness a politically correct disease: "When you think about it, a lot of cardiac disease is self-induced or certainly made worse by being overweight or smoking."

Watson is a recent past-president of the Canadian Psychiatric Association and the current Chair of the Medical Advisory Committee at Vancouver Hospital and Health Sciences Centre. In the past, her medical opinion has often been solicited. But somehow, when it comes to dealing with the issue of gender disorder, she says: "I seem to have very little credibility with the medical services."

Watson's opinion of Ontario's decision is that it is short-sighted: "The secondary complications of untreated gender disorder cost the system more. The cost for the surgery is really minimal compared to the chronic costs of treating someone with depression or of having them out of the workforce"

"The same amount of money will get spent, only now no one will be happier," says the Clarke's Ray Blanchard, who was part of a committee that wrote the diagnostic criteria for gender identity disorder for the most recent *Diagnostic and Statistical Manual*, the medical bible for psychiatric disorders.

Blanchard says about one in 50,000 people is a transsexual and points out that if something is a psychiatric disorder it's meaningless to say it's a lifestyle choice "any more than schizophrenia or any other psychiatric condition is a lifestyle choice."

In terms of the immediate effects resulting from the Ontario decision, Blanchard notes: "We've already seen patients who have become quite upset and depressed and anxious in the wake of this decision and they are already making an increased demand on psychiatric services." He feels that for "working poor" transsexuals the cost of ~surgery will be almost prohibitive.

"One of the ironies is that for years the clinic has been criticized by transsexual activist groups for being too conservative and approving too few people for surgery," says Blanchard, who admits several transsexuals have unsuccessfully taken the Clarke to the Ontario Human Rights Commission.

The Clarke has one of North America's most rigorous gender-reassignment programmes. Living as the opposite sex for one year is required before hormone therapy is prescribed, then the patient spends at least one additional year on hormones.

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Patricia Wilson, a post-operative transsexual living in Toronto, calls the operation an issue of life or death. "Therapy doesn't work for people who need surgery," she says. Wilson completed the Clarke programme over 15 years ago and had

her operation in Colorado. She feels Ontario's decision is "going to create a lot of suicides."

Almost all the sexchange operations done in Canada are performed by Dr. Yvon Menard and Dr. Pierre Brassard at the Metropolitan Centre for Plastic Surgery, a private hospital in Montreal. Ninety-five percent of their patients are from the United States. However, Dr. Menard has noticed that, in the last four months, at least one patient per week has been Canadian, many from Ontario.

For MTF surgery, Menard charges \$11,775. The procedure does not include constructing breasts, but does include accommodations and post-op treatment. FTM surgery costs \$35,600 and includes a phalloplasty. According to Blanchard, the reason Ontario's MTF \$22,000 sex-changes were not sent to Montreal for a \$11,775 operation was because OHIP will not pay for procedures in a private hospital.

Menard just worked out an agreement with Alberta so their sex changes are being sent to him. A Calgarian recently went through the program at the Clarke in Toronto, had the sexchange surgery in Montreal, and received the funding from Alberta. It gives a whole new meaning to "trans"-Canada.

Watson in Vancouver says one surgeon could easily do all the sex changes in Canada. Until recently, B.C. sex changes were sent to Portland, Ore. There is speculation the province will work out a deal with Menard.

It's worth noting that back in 1988, British Columbia also reviewed whether sex-change operations should be de-listed, but "under the Canada Health Act, when surgery is deemed medically necessary by a physician, all the provinces are bound by law to cover it and pay in full," says Jeff Goulin, a media relations officer for B.C.'s Ministry of Health.

Bernard Dickens, a professor of medical law at the University of Toronto, points out that "medically necessary" is one of those "interpretable" terms. However, he says the definition of "health" according to the constitution of the World Health Organization—of which Canada is a member—includes physical, mental, and social health.

However, Steve Jeffrey, a spokesman for Health Canada, says: "It is up to each province to determine what is medically necessary and, therefore, an insured service." He adds that for children in Ontario born without a gender "the surgery is still covered as it is considered an assignment as opposed to a reassignment".

The general public, says Watson, is confused about what constitutes a sex change and "politicians play on that misunderstanding." She feels that for those few who qualify, the operation is currently the best medical treatment they have. "It's obvious," says Watson, "that it's a biological condition that is programmed in the brain even before birth."

Watson notes that the Vancouver gender clinic has a large cross-cultural patient base. The stories, though, are all the same — men who urinate sitting down and women who were extreme tomboys are common tales.

"There's an absolute failure on the part of politicians to come to grips with what this condition actually is," says Stephanie Castle of Vancouver, a 72-year-old former British Navy officer who had MTF surgery seven years ago. The founder of the Zenith Foundation, a Vancouver-based transsexual organization, has heard it all before: "They think of it as a vaudeville act where the guy gets all painted up and overly dressed."

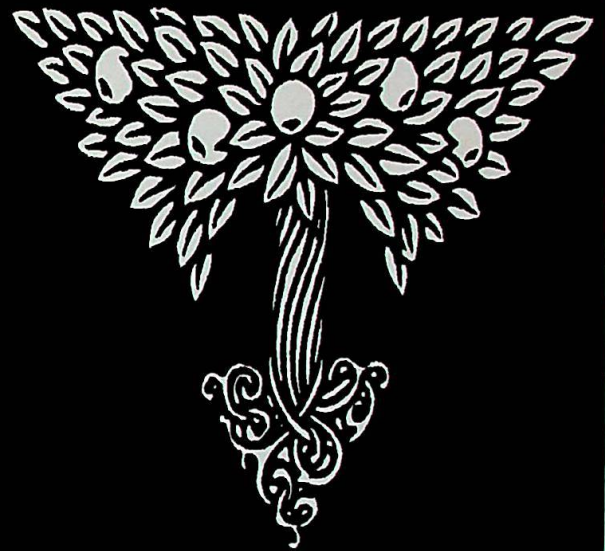
In a recent letter from the Zenith Foundation to Ontario's health minister, Castle writes: "From our experience, [transsexuals] only seek to normalize their lives as regular men and women in their adopted gender, [and to be] gainfully employed, without seeking to impose outlandish modes of living on the rest of the population. It is what society imposes on us which makes life so difficult for [so] many."

This article appeared in the Nov. 25 edition of the National Post.

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Charing Cross attitude raises concern for Benjamin conference

A letter from our English correspondent, Melissa Malat, indicates some heavy misgivings about Charing Cross Hospital, the principle British centre for gender reassignment surgery. Our recent reports on the Clarke Institute in Toronto prompted Melissa to comment unfavourably on Charing Cross as being an institution run along rigid lines in much the same way as the Clarke. She says, "It's sharpest focus is the ill treatment of the individuals who go there expecting a professional but sympathetic ear. I fervently hope that the influence of these places (Charing Cross and the Clarke) on the new Harry Benjamin standards will be as close to nil as possible."

Not a high recommendation for the next Harry Benjamin conference due in London next year, to be hosted by Charing Cross. It appears to be a fact that a very large element of the organizing drive that gives rise to the Benjamin conference is provided by the host organization and this in turn results in the personality of the host imparting itself to the proceedings. This was certainly the case with the happy event at Vancouver in 1997. Here our own Clinic at Vancouver General Hospital was the host and they put together an excellent program with broad participation not only from women professionals but also from members of the transsexual community. It might not have been a first, but from what I am told it opened up a far broader horizon than ever before. How Charing Cross will handle this is a matter for speculation.

According to the Australian magazine Polare, England is getting all the action this year. During this past September the Third International Conference of Sex and Gender was held at Oxford. I gather this was run

along transgendered lines with all sorts of people being there and presenting their views. It ran from crossdressers to intersexes, MtF, FtM, bigenders, surgical, non-surgical, part surgical, hormonal, non-hormonal along with partners, parents and the young and old. It appears to be run to a similar format to Harry Benjamin present-

ing in the alternate year. The next conference in 2000 will be in Pennsylvania with heavy support for Sydney, Australia in 2002.

It seems to be further evidence that two primary forces are at work. The first is the forever activist group who assiduously works away at broadening the scope of everything and being inclusive of everyone, perhaps on the basis that oil can be forced to mix with water. The second is the one which focusses on a more limited spectrum and tries to run a tight ship for better results which is where Zenith stands. This is the first we've heard of this organization. Maybe Melissa Malat will comment on it in a future letter.

Remember the Israeli transsexual who won an international singing contest last year. Her name is Dana and evidently her victory in the contest stirred up a hornet's nest in Israel. The religious right reviled her as an abomination, but the deputy minister of health was a rabbi. The significance of that lay in the fact that here was a true conflict of interest. One wonders which came first, the political role, as evidently it is not against civil law in Israel to undergo gender reassignment surgery, or the religious code for which the deputy minister was a political representative as well as a religious leader. That must have placed the minister in a tough spot. There's a lot to said in favour of the separation of church and state.

A piece in the new National Post, news tycoon Conrad Black's answer to the Globe & Mail, caught my eye the other day. Not exactly t/s news, but under the heading Life's a Drag for Cross-dressing Singers in Shanghai, it seems that Shanghai police have detained two male singers for performing in women's clothes and shut down

a night club on its opening night. Shocked patrons called police to the Guoling Dance Hall after discovering that two males singers in drag and make-up were men. Xinmin Evening News said

that after stroking their hair coquettishly and flickering their eyelids at the audience they broke into song. "Unexpectedly, as soon as they opened their red

Stroking their hair coquettishly they broke into song. Unexpectedly, as soon as they opened their red lips, the rough male sound came through the microphone.

lips, the rough male sound came through the microphone" The dance hall was plunged into chaos and some patrons called the police who came and dragged the two performers off the stage during the performance. Tut tut.

More news from Thailand. Last issue we reported on a surgery at Phuket. Evidently there is another one in Bangkok run by Dr. Preecha Tiewtranon an assistant professor of plastic and reconstructive surgery at the country's leading university medical school. We also have a report that yet a third surgery for SRS exists at Pattaya. Not bad for one country when most country's consider they are well served if they have one good functioning surgery. At this rate the income earned from gender-changed people may exceed the opium, canned pineapple or shrimp industries in economic importance!

Evidently they are drawing clients from Europe, the U.S. and Australia as well as other countries. For Canadians it would be a matter of flying direct to Hong Kong or Japan and catching a connecting plane direct from there to Bangkok. More about this in a future issue.



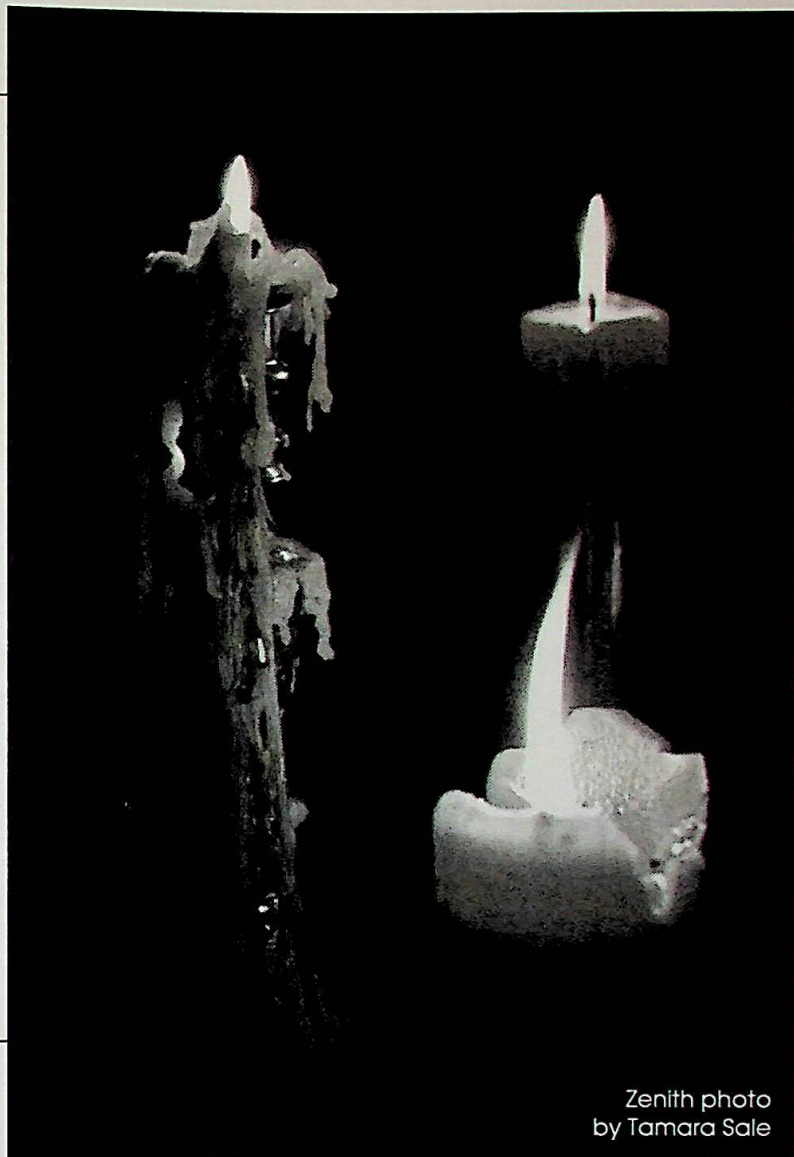
Commentary

by Nefertiti

The forever activist group assiduously works away at broadening the scope of everything and being inclusive of everyone, perhaps on the basis that oil can be forced to mix with water.

Merry Christmas and a happy New Year

—The staff of
Zenith Digest



Zenith photo
by Tamara Sale

A CHRISTMAS THOUGHT...

A little something I got in my email this morning.

Is Santa really a woman?

I think Santa Claus is a woman....I hate to be the one to defy a sacred myth, but I believe he's a she. Think about it. Christmas is a big, organized, warm, fuzzy, nurturing social deal, and I have a tough time believing a guy could possibly pull it all off!

For starters, the vast majority of men don't even think about selecting gifts until Christmas Eve. Once at the mall, they always seem surprised to find only Ronco products, socket wrench sets, and mood rings left on the shelves. On this count alone, I'm convinced Santa is a woman.

Surely, if he were a man, everyone in the universe would wake up Christmas morning to find a rotating musical Chia Pet under the tree, still in the bag.

Another problem for a he-Santa would be getting there. First of all, there would be no reindeer because they would all be dead, gutted and strapped to the rear bumper of the sleigh amid wide-eyed, desperate claims that buck season had been extended.

Blitzen's rack would already be on the way to the taxidermist.

Even if the male Santa DID have reindeer, he'd still have transportation problems because he would inevitably get lost up there in the snow and

clouds and then refuse to stop and ask for directions.

Other reasons why Santa can't possibly be a man:

- Men can't pack a bag.
- Men would rather be dead than caught wearing red velvet.
- Men would feel their masculinity is threatened...having to be seen with all those elves.
- Men don't answer their mail.
- Men would refuse to allow their physique to be describe even in jest as anything remotely resembling a "bowlful of jelly."
- Men aren't interested in stockings unless somebody's wearing them.
- Having to do the Ho Ho Ho thing would seriously inhibit their ability to pick up women.
- Finally, being responsible for Christmas would require a commitment.

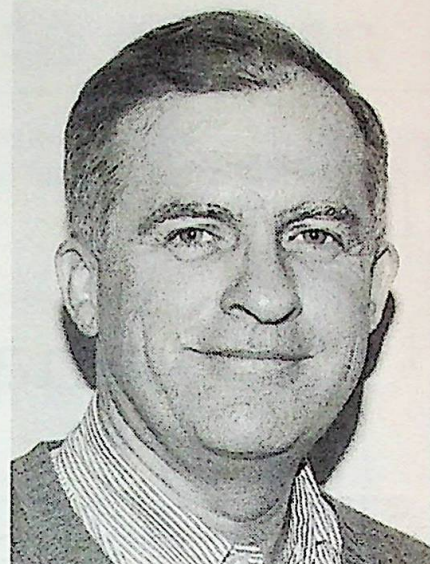
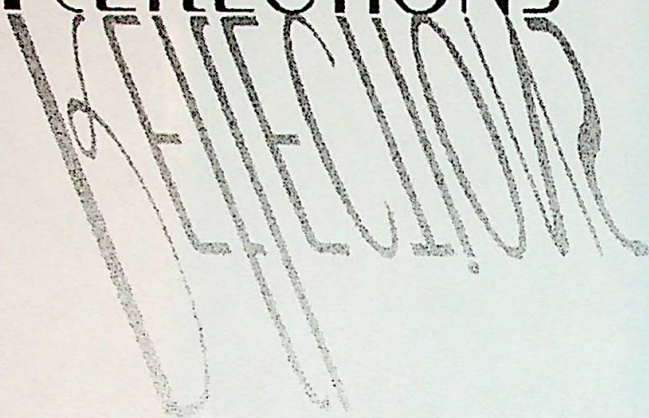
I can buy the fact that other mythical holiday characters are men.....

- Father Time shows up once a year unshaven and looking ominous: definite guy.

- Cupid flies around carrying weapons.

Yes, any one of these individuals could pass the testosterone screening test. But not St. Nick. Not a chance.

REFLECTIONS



Jamie Powers
MEd, MA

Season's

Greetings

All Best Wishes for 1999

Jamie

Jamie Powers is a Registered Clinical Counsellor working in private practice. There is a fee for his services. Jamie's office is located within the Centre for Sexuality, Gender Identity and Reproductive Health at 575 West 8th Avenue, Vancouver. Call (604) 737-8482